

**California Risk Management System for Persons with  
Developmental Disabilities Living in the Community**  
(July 2004)

The size, complexity and diversity of California poses unique challenges with respect to implementing a first-class risk management system. Among these challenges are communication, coordination, data analysis, reporting, training, resources, standardization, and monitoring. Beginning in fiscal year 2001-02, the Legislature appropriated approximately \$10 million to the Department of Developmental Services and regional centers to develop such a comprehensive risk management system to enhance consumers' health, safety and/or well-being and to implement preventive strategies and interventions to mitigate such risks. This level of funding has increased each subsequent fiscal year as the number of consumers served by the regional centers has increased. The system contemplated in fiscal year 2001-02 is not fully implemented statewide and applies to all regional center consumers.

The new system addresses the challenges of California, while respecting the basic roles and responsibilities of the State's protective service and service system structures. The overall risk management system for the State involves numerous entities; however, the three key entities involved in risk management and mitigation activities within the developmental disabilities services system, and their respective responsibilities, are as follows:

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

The Department of Developmental Services has overall state-level responsibility for planning, coordinating, and overseeing implementation of the state's risk management program for persons with developmental disabilities by:

1. Developing, implementing and maintaining a uniform, statewide, automated special incident report (SIR) database system.
2. Reviewing daily all individual SIRs to identify issues or concerns requiring additional follow-up.
3. Revising regulations related to special incident reporting requirements to address new system requirements.
4. Conducting periodic, on-site monitoring visits to review regional center and provider compliance with SIR regulatory requirements, as well as ensuring consistent and accurate reporting.
5. Aggregating and analyzing SIR data by regional centers, risk indicators, client characteristics, programs, incident types, corrective actions, residence, and other relevant factors. Providing such data to the risk management contractor for further analysis and to regional centers for follow-up, as appropriate.
6. Providing training and technical assistance to regional centers on: legal obligations in abuse reporting; documentation requirements; the definition of 'special incident'; best practices for identifying consumer abuse; using

- and maintaining the automated SIR system; risk assessment; and proactive risk assessment and prevention planning through the individualized program planning process.
7. Developing and maintaining a statewide mortality review system that includes development and maintenance of a statewide database of all persons who have died, and conducting studies to educate and inform the service system so as to improve quality of life outcomes for consumers.
  8. Preparing, implementing and managing the risk-assessment and mitigation contract.
  9. Reviewing, on-site, highly unusual, suspicious and/or very sensitive individual incidents where DDS Headquarter's involvement is indicated.

## **REGIONAL CENTERS**

The 21 regional centers have local-level responsibility for planning, coordinating, and implementing the risk management program by:

1. Developing and implementing a regional center risk management and prevention plan.
2. Recording medical and other health-related care received by the consumers for his/her significant medical conditions in the period prior to the special incident.
3. Reviewing medical records and coroner reports to ensure appropriate medical attention was sought and/or given.
4. Coordinating with other agencies (e.g., licensing, protective services, law enforcement agencies, coroners, long-term care ombudsman, etc.) to gather and review the results of their investigations and using this information to prevent the recurrence of similar problems.
5. Conducting on-site and chart review activities to gather and report initial and follow-up SIR information.
6. Preparing and transmitting SIRs to DDS, investigative agencies, and local licensing offices, as appropriate.
7. Providing training and technical assistance to staff, providers, and others on: legal obligations in abuse reporting; documentation requirements; the definition of 'special incident'; using the automated SIR reporting system; developing and implementing an incident prevention plan; best practices for identifying consumer abuse; risk assessment; proactive risk management planning through the individualized program planning process; etc.
8. Annually reviewing the regional center's internal SIR reporting and control systems.
9. Monitoring providers to ensure compliance with SIR-related corrective action plans.
10. Maintaining the automated SIR reporting system, including verifying data integrity and related reports.
11. Producing data runs and reports from the SIR database to identify unusual patterns and trends by provider(s) requiring follow-up.

## **RISK MANAGEMENT CONTRACTOR**

The state has engaged the services of an independent, specialized risk management and mitigation contractor (The Columbus Organization), possessing a multidisciplinary (clinical, research, data analysis, training, business) capacity to perform the following activities:

1. Reviewing and analyzing DDS SIR data to identify statewide, regional and local trends requiring action. This includes defining indicators of problems requiring further inquiry.
2. Based on data analyses and as directed by the Department, conducting reviews (may include one or more regional center service areas and/or providers) to obtain qualitative health and safety risk data on incident trend pattern(s).
3. Providing recommendations to DDS on actions that should be taken to strengthen the state's SIR system, including the need for regulatory, policy, organizational, resource and other changes that will improve consumer outcomes related to health, safety and well-being.
4. Performing ongoing review and analysis of the research and current literature with respect to preventing accidents, injuries and other adverse incidents.
5. Developing and disseminating periodic reports and materials to the field (providers, regional centers, families, disability organizations, etc.) on best practices related to protecting and promoting the health, safety and well-being of consumers.
6. Developing and maintaining a website ([www.ddssafety.net](http://www.ddssafety.net)) for consumers and their families, providers, professionals, and regional center staff. This web site is dedicated to the dissemination of information on the prevention and mitigation of risk factors for persons with developmental disabilities. The site includes information from across the nation on current research and best practices and practical information directed towards improving consumers' health and safety.
7. Assisting DDS in planning, coordinating and providing statewide training related to risk management and other related topics.
8. Providing on-site technical assistance to regional centers related to local risk management plans and activities.
9. Conducting mortality reviews.